PTO/5806 (12-04)

Under the Papernors Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a yald OMB control number. Approved for use through 7/31/2006 OMB 0661-0032 U.S. Paleril and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Humby Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR HUMBER FILED SMALL ENTITY BASIC FEE HUMBER EXTRA (37 CFR + 18(1) (D) & (c)) RATE (\$ N/A FEE (S) SEARCH FEE N/A FEE (1) (37 CFR 1 16(N. H. or (m)) N/A 150.00 N/A . N/A 300.00 EXAMINATION FEE N/A NA (37 CFR 1 16(a). (p). or (q)) NA NIA TOTAL CLAIMS NA NVA 137 OFR 1 16(1) N/A ٠,, minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR minus 3 X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due is \$260 (\$126 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1)) +180= * If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING NUMBER SMALL ENTITY ENT AFTER PRESENT PREVIOUSLY RATE (\$) MENDMENT EXTRA ADDI-Total pr cra Litera PAID FOR RATE(\$) TIONAL ADDI. ENDM 5 Minus FEE (S) TIONAL or cer stone X\$ 25 FEE (1) Minus X\$50 OR Application Size Fee (37 CFR 1.16(6)) X100 X200 ΩĐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1) +180= +360= OR TOTAL ADD'L FEE TOTAL (Column 1) CA ADD'L FEE (Column 2) CLAIMS (Column 3) 8 HIGHEST REMAINING NUMBER 四 PRESENT AFTER. RATE (\$) PREVIOUSLY AMENDMENT EXTRA ADDI-Total COTOFR, LIQUID RATE (\$) PAID FOR TIONAL FEE (3) ADOL-Minus TIONAL Independent . (37 CFR L1801) FEE (1) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

** If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

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